

Name  
in  
Full

William Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

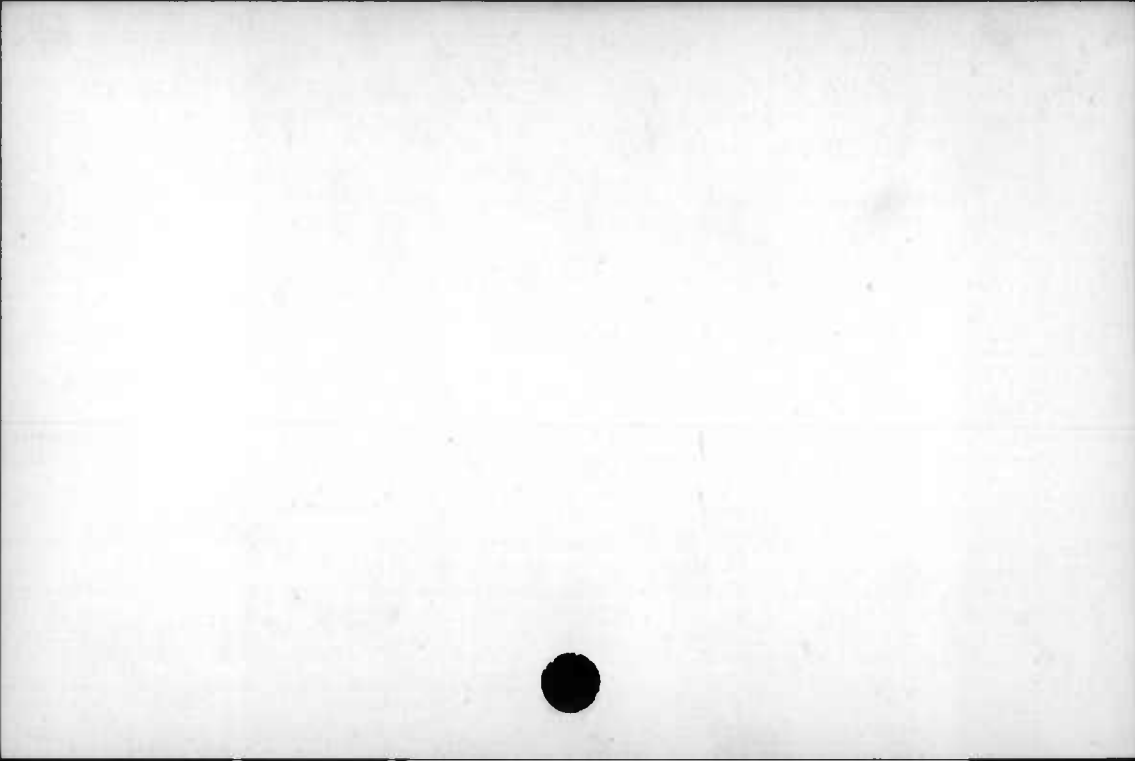
Died at <i>Leannetown</i>		Town		<i>St Marys</i>		County	
Date of death <i>1908</i>		Month <i>May</i>	Day <i>27</i>	Age	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St Marys Co</i>				
Occupation <i>Laborem</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Dot Kern</i>					
Father's Name <i>Julius Bond</i>				Father's Birthplace <i>St Marys Co</i>			
Mother's Maiden Name <i>Dot Kern</i>				Mother's Birthplace <i>St Marys Co</i>			
Name of person giving information <i>H. S. L. L.</i>				How related to deceased <i>Physician</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>About 2 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. S. L. L.</i>
	Address <i>Leannetown</i>
Accident or Suicide?	<i>Und</i>



Name

in  
Full

## CERTIFICATE OF DEATH

Died at

Great Mills

Town

St Mary's

County

MARYLAND

Date

of death 1908

Month

May

Day

13th

Age

Years

24

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

St Mary's Co.

Occupation

House Keeping

Where Residing if not  
at place of death

St Mary's Co.,

Married, Single  
or WidowedName of Wife or  
Husband

Arthur Cecil

Father's  
Name

Evan Matthews

Father's  
Birthplace

St Mary's Co.,

Mother's  
Maiden Name

Alice Wheeler

Mother's  
Birthplace

St Mary's Co.,

Name of person giving  
Information

Husband

How related  
to deceased

## CAUSES OF DEATH

128

Primary

How long

3 days

Immediate

Mercury poisoning

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Harry Richardson M.D.

Address

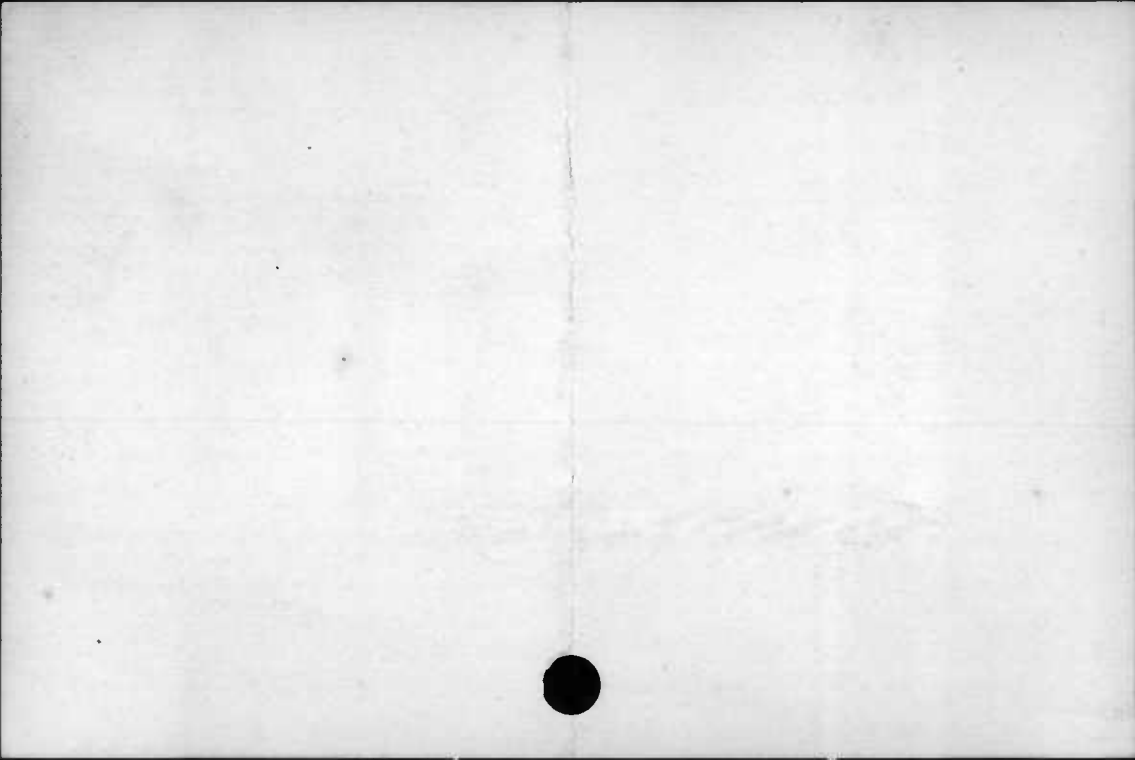
Great Mills.

St Mary's Co.,

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death 1908

May

18

Age

40

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Housekeeper

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Oscar Deane

Father's  
Name

Don't know

Father's  
Birthplace

Don't know

Mother's  
Maiden Name

Don't know

Mother's  
Birthplace

Don't know

Name of person giving  
In formation

Albert Leri Deane

How related  
to deceased

Son

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary

Indigestion

How long

Some days

Immediate

Heart Disease

How long

36 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes so

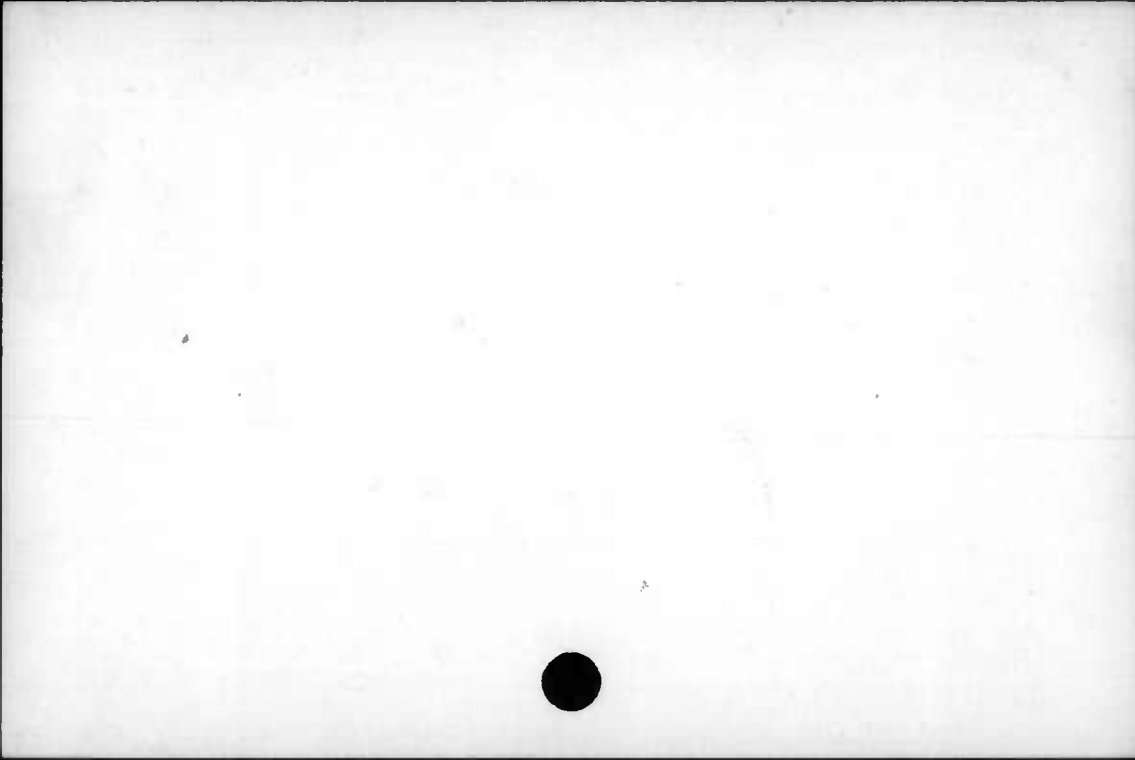
Signature of  
Physician

J. O. Kieck

Address

Cockeysville Md

Accident or Suicide?



Name  
in  
Full

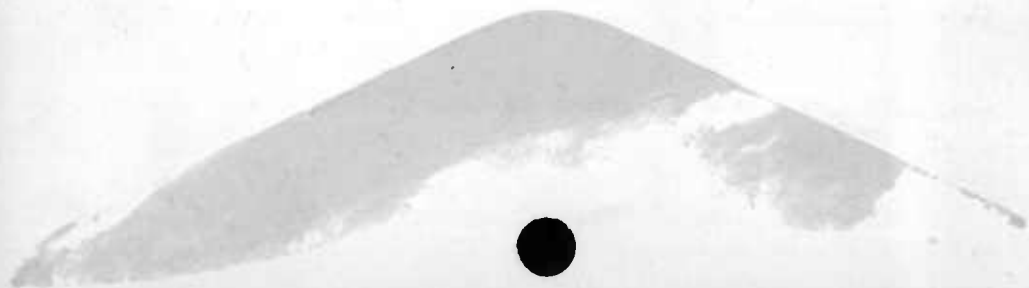
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Dr Louis M Liffert</i>		Town <i>St Ignace</i>		County <i>St Ignace</i>		MARYLAND	
Died at <i>St Ignace</i>		Month <i>May</i>		Day <i>2</i>		Years <i>45</i>	
Date of death <i>1908</i>		Month <i>May</i>		Day <i>2</i>		Age <i>45</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>ind</i>			
Occupation <i>Physician</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Matil Beal</i>					
Father's Name <i>Joe Liffert</i>		Father's Birthplace <i>May Co</i>					
Mother's Maiden Name <i>Dr. Liffert</i>		Mother's Birthplace <i>St Ignace</i>					
Name of person giving Information <i>J. J. Liffert</i>		How related to deceased <i>Uncle</i>					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH		178
Primary <i>Accidental</i>		
Immediate <i>Natural causes</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		How long <i>—</i>
(Found dead in bed)		Signature of Physician <i>P. H. Lloyd</i>
Address <i>Bridge P.O.</i>		
Accident or Suicide? <i>No injuries of any kind.</i>		<i>Quid</i>





Name in Full		Bessie C. Kelley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Ridge		County St. Marys		MARYLAND
	Date of death		1908	Month May	Day 1	Years 22	Months Days
	Sex		Female		Color or Race White		Birth-place Providence R.I.
	Occupation		Domestic		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband John V. Kelley		
	Father's Name		R. C. Brown		Father's Birthplace Providence		
	Mother's Maiden Name		Maria Field		Mother's Birthplace Providence		
	Name of person giving information		John V. Kelley		How related to deceased Husband		
CAUSES OF DEATH							27
PHYSICIAN OR CORONER	Primary		Tuberculosis			How long 1 year	
	Immediate		Exhaustion			How long 36 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. H. Lloyd		
			Address Ridge P.O. St. Marys				
	Accident or Suicide?						



Name  
in  
Full

Sylvia Willis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Palmer		County St. Mary's		MARYLAND	
Date of death	1908	Month 5	Day 5	Age 58	Years	Months	Days
Sex	Female		Color or Race	Caucasian		Birth- place	Ind
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Frances Willis			
Father's Name	Unknown				Father's Birthplace	Ind	
Mother's Maiden Name	Lucinda Woodland				Mother's Birthplace	Ind	
Name of person giving In formation	Frances Willis				How related to deceased	Husband	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Intestinal Infection	How long	3 yrs.
Immediate	Convolutions	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. H. V. Palmer	
Address		Palmer	
Accident or Suicide?		Ind	

